



REQUEST FOR DISCLOSURE OF RECORDS

Date of Request: _____

Name: _____

Address: _____

- ☐ I request to inspect my central file.
- ☐ This request has been previously submitted or is currently with the Department.

Date of Original Request: _____

Original Request Submitted To: (Name / Address) _____

- ☐ I request copies of the following public records. If requesting offender records, include offender name and DOC number.

SIGNATURE OF REQUESTER

DATE

DOC STAFF – FILL OUT BELOW

Person Receiving Request: _____ Date: _____

PDC (or designate person responding to request): _____ Date: _____

Response Sent: _____ Date: _____

Further Response(s) _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____